

08/27/2020 17:04 18039433247

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STATE OF SOUTH CAROLINA

Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's LimoSally Allen
dbaRoad Runner Transport
Services, LLCBEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2020 - 223 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Please type or print)

Submitted by:

Sally Allen

Telephone:

803-707-4252

Address:

136 Fields Street, P.O. Box 747
Varnville, SC 29944

Fax:

803-943-3247

Other:

Email:

dalebeth10@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

ACCEPTED FOR PROCESSING 2020 September 8 9:12 AM - SCS PSC - 2020-223-T - Page 1 of 13

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SEP 04 2020
PSC OFFICE
jis

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 8-27-2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provisions of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Road Runner Transport Services LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

136 Fields Street, Varnville, SC 29944

Street Address of Applicant

Post Office Box 747, Varnville, SC 29944

Mailing Address of Applicant (if different from street address)

803-707-4252

Phone

803-943-3247

Fax

dalebeth10@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

1 member LLC

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:

Value of Real Estate	<u>N/A</u>
Value of Motor Vehicles	
Cash on Hand	<u>6,000</u>
Cash in Bank	<u>2,000</u>
Value of Other Assets and Equipment	<u>3,000</u>
Total Assets	<u>11,000</u>

Liabilities:

Mortgage/Loan on Real Estate	<u>N/A</u>
Loans Owed on Motor Vehicles	
Business/Other Loans Owed	
Other Liabilities or Debts	
Total Liabilities	

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE*Road Runner Transport Services*Proposed Rates and Charges:

\$50.00 pick-up Charge (per person) each load
\$ 3.00 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input checked="" type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input checked="" type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input checked="" type="checkbox"/> Bamberg	<input checked="" type="checkbox"/> Colleton	<input checked="" type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input checked="" type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input checked="" type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input checked="" type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input checked="" type="checkbox"/> Orangeburg	<input type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input checked="" type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

Not purchased as of this date.

[illegible]

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INSURANCE QUOTE**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Sally Allen (DBA) Road Runner Transport
Name of Applicant

133 Field Street, P.O. Box 747 Varnville, SC 29946
Address of Applicant

Amount of Premium:

Liability Insurance \$ 16,648.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

Progressive - Johnson Agency
Name of Insurance Company

P.O. Box 1263 Walterboro, SC 29488
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

JOHNSON INS AGENCY
P.O. BOX 1263
WALTERBORO, SC 29488

Road Runner Transport

PROGRESSIVE
COMMERCIAL

SALLY ALLEN
196 TILLMAN AVE
SC 29944

Underwritten by:
Progressive Northern Insurance Co
September 4, 2020
Policy Period: Sep 4, 2020 - Sep 4, 2021
Page 1 of 2

Customer Phone number: 1-803-943-2780

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized website.

Policy information

Business type: Passenger Transportation (Not For Hire)
Sub business type: Other Passenger Transportation (Not For Hire)
Other: Transportation -Passengers (At no Charge)

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$6,648.00
Paid in full discount	-845.00
Policy premium if paid in full	\$5,803.00

Payment plans

Payment Method: 10 payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$6,648.00	\$1,331.20	9 payments of \$595.76
6 Pay, Seasonal, 20.0% Down	\$6,648.00	\$1,331.20	5 payments of \$1,068.36
10 Payments, 25.0% Down	\$6,648.00	\$1,663.50	9 payments of \$558.84
4 Pay, Seasonal, 25.0% Down	\$6,648.00	\$1,663.50	3 payments of \$1,666.50

Make payments by mail or at progressiveagent.com. Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$6,648.00	\$1,331.20	9 payments of \$602.76
6 Pay, Seasonal, 20.0% Down	\$6,648.00	\$1,331.20	5 payments of \$1,075.36
10 Payments, 25.0% Down	\$6,648.00	\$1,663.50	9 payments of \$565.84
4 Pay, Seasonal, 25.0% Down	\$6,648.00	\$1,663.50	3 payments of \$1,673.50
4 Pay, Quarterly, 25.0% Down	\$6,648.00	\$1,663.50	3 payments of \$1,673.50
1 Payment	\$5,803.00	\$5,803.00	None
2 Payments, 50.0% Down	\$6,648.00	\$3,325.00	1 payment of \$3,335.00



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RoadRunner Transport

SALLY ALLEN
Page 2 of 2**To purchase insurance**

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-843-539-6978**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital Status	Points	Additional information
SALLY ALLEN				

Outline of coverage

Description	Limit	Deductible	Premium
Liability To Others			\$4,581
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist			494
Bodily Injury	\$1,000,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			521
Bodily Injury	\$1,000,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$1,000 each person		39
Comprehensive			287
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			593
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			110
See Auto Coverage Schedule			
Roadside Assistance			21
See Auto Coverage Schedule			
Subtotal policy premium			\$6,646
South Carolina Uninsured Motorist Fund charge			2
Total 12 month policy premium and fees			\$6,648

Auto coverage schedule

1. **2016 DODGE GRAND CARAVAN** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: 2C4RDGCG1GR216713 Garaging Zip Code: 29944 Territory: 17 Radius: 50 miles
Personal use: Y Body type: Mini Van Use class: L

Liability Premium	Liability	UM	UM	UMPD	UMPD	Med Pay
	\$4581	\$429	\$512	\$65	\$9	\$39
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium		
	\$500	\$287	\$500	\$593		
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium		
	\$50 per day	\$110	Selected	\$21		
	Max \$1500					
					AUTO TOTAL	\$6,646

Form QTE (05/08)

Road Runner Transport

Pay In Full Estimate**\$5,803.00****Pay Monthly Estimate****\$6,648.00**

Your monthly payment would be

\$602.76

*Rates are subject to change based on verification of information. Monthly payments are estimated and not available in all situations; fees are not included in the rate.

View Your Quote**Ready to buy?**

Contact Johnson Insurance Agency, LLC if you're ready to purchase or have additional questions.

Your agent or broker:

Johnson Insurance Agency, LLC

P.O. BOX 1263

WALTERBORO, SC 29488

843-539-6978**Your Progressive Commercial
benefits**

Exhibit Fit, Willing, and Able (FWA)

Sally Allen (DBA) Road Runner Transport Services
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Sally Allen
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Hampton)

SWORN TO BEFORE ME
This 27th day of August, 2020

Elizabeth T. Brooks
Notary Public

Commission Expires _____ ELIZABETH T. BROOKS
Notary Public, State of South Carolina
My Commission Expires 10/22/2024

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The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Road Runner Transport Services , LLC, a limited liability company duly organized under the laws of the State of South Carolina on August 3rd, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 3rd day
of August, 2020.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State